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LNGS | LUKAS,
NACE,
GUTIERREZ
& SACHS, LLP

PUBLIC REFERENCE COPY

June 30, 2016

VIA ECFS

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, DC 20554

**Re: FCC Form 481 – Carrier Annual Report for Program Year 2016
WC Docket No. 10-90**

Dear Secretary Dortch:

On behalf of Smith Bagley, Inc. (“SBI”), SAC 459001, please find attached a redacted public version of Smith Bagley’s FCC Form 481 Carrier Annual Report, filed pursuant to Sections 54.313 and 54.422 of the Commission’s Rules (Report”). The Report has been submitted to the Universal Service Administrative Company. SBI’s Report has also been filed with the state commission and delivered to Tribal governments as applicable. The attached Report has been marked **“REDACTED – FOR PUBLIC INSPECTION.”**

Smith Bagley, Inc. is also submitting to the Commission, under separate cover, a confidential version of the Report. The confidential version is marked **“CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.”**

Please contact Steven M. Chernoff, Esq., at 703-584-8670 if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,



David A. LaFuria
Steven M. Chernoff

Attorneys for:
Smith Bagley, Inc.

Attachment

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459001
<015>	Study Area Name	SMITH BAGLEY, INC. - CL
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Anita Garrison
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9285370690 ext.2506
<039>	Contact Email Address: Email of the person identified in data line <030>	agarrison@cellularoneaz.com
Form Type		54.313 and 54.422

(100) Service Quality Improvement Reporting Data Collection Form	
FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	

<010>	Study Area Code	459001
<015>	Study Area Name	SMITH BAGLEY, INC. - CL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035>	Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext.2506
<039>	Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.com

<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
<111>		(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing \$ 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

Yes $\langle 220 \rangle$ [illegible]

(300) Unfulfilled Service Request Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	459001	
<015>	Study Area Name	SMITH BAGLEY, INC. - CL	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Anita Garrison	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext.2506	
<039>	Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.com	
<300>	Unfulfilled service request (voice)	<div></div>	
<310>	Detail on attempts (voice)	<div>Name of Attached Document</div>	
<320>	Unfulfilled service request (broadband)	<div></div>	
<330>	Detail on attempts (broadband)	<div>Name of Attached Document</div>	

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	459001
<015>	Study Area Name	SMITH HAGLEY, INC. - CL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035>	Contact Telephone Number - Number of person identified in data line <030>	9285370490 ext. 2326
<039>	Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. <div>Offered only mobile voice</div>	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	0 . 0
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

**(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459001
<015>	Study Area Name	SMITH BAGLEY, INC. - CB
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	ADITA GERRISON
<035>	Contact Telephone Number - Number of person identified in data line <030>	928.370.690 ext. 2506
<039>	Contact Email Address - Email Address of person identified in data line <030>	agerrison@cellularoneaz.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes

<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance 499001nm510.pdf

(600) Functionality In Emergency Situations Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	459003
<015>	Study Area Name	SMITH BAGLEY, INC. - CA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035>	Contact Telephone Number - Number of person identified in data line <030>	9285175695 ext. 2506
<039>	Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	459002az610.pdf

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

1/1/2016	
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[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3050-0819
July 2013

459001

WITH BAGLEY, INC. - CL

2017

Anita Garrison

285370690 ext. 2506

garrison@cellularon

<711>

[illegible]

**(800) Operating Companies
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code

459001

<015> Study Area Name

SMITH BAGLEY, INC. - CT

<020> Program Year

2017

<030> Contact Name - Person USAC should contact regarding this data

Anita Garrison

<035> Contact Telephone Number - Number of person identified in data line <030>

9285370690 ext. 2506

<039> Contact Email Address - Email Address of person identified in data line <030>

agarrison@cellularoneaz.com

<810> Reporting Carrier

Smith Bagley, Inc

<811> Holding Company

Smith Bagley, Inc.

<812> Operating Company

Smith Bagley, Inc

<813>

<a1>

Affiliates

<a2>

SAC

<a3>

Doing Business As Company or Brand Designation

-- See attached worksheet --

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459001
<015>	Study Area Name	SMITH BAGLEY, INC. - CL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035>	Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext.2506
<039>	Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.com
<900>	Does the filing entity offer tribal land services? (Y/N)	Yes

<910>

Tribal Land(s) on which ETC Serves

Zuni Pueblo, Navajo Nation, Hopi Tribe, and White Mountain Apache

<920>

Tribal Government Engagement Obligation

459001az920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

(1000) Voice and Broadband Service Rate Comparability Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	459001
<015>	Study Area Name	SMITH BAGLEY, INC. - CL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035>	Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext.2506
<039>	Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.com

Yes

Voice services rate comparability certification

499001nm1010.pdf

Attach detailed description for voice services rate comparability compliance

Name of Attached Document

Broadband comparability certification

Attach detailed description for broadband comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459001
<015>	Study Area Name	SMITH BAGLEY, INC. - CL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035>	Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext. 2506
<039>	Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	459001
<015>	Study Area Name	SMITH BAGLEY, INC. - CL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035>	Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext.2506
<039>	Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.com

459001nm1200.doc

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.cellularoneonline.com/>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code 459001
 <015> Study Area Name SMITH BAGLEY, INC. - CL
 <020> Program Year 2017
 <030> Contact Name - Person USAC should contact regarding this data Anita Garrison
 <035> Contact Telephone Number - Number of person identified in data line <030> 9285370690 ext. 2506
 <039> Contact Email Address - Email Address of person identified in data line <030> agarrison@cellularoneaz.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support		
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support		
<2022>	Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(iii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.		
<2025A>	Round 1 or Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-		
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(2000) Price Cap Carrier Additional Documentation (Continued)

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

cap carrier used for capital expenditures in 2015.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

Name of Attached Document Listing
Required InformationName of Attached Document Listing
Required Information

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459001
<015>	Study Area Name	SMITH BAGLEY, INC. - CL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035>	Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext.2506
<039>	Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.com

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information <input type="text"/>
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information <input type="text"/>
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<input type="radio"/> Yes <input type="radio"/> No
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> Yes <input type="radio"/> No
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information <input type="text"/>
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input type="radio"/> Yes <input type="radio"/> No
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3019)	Either a copy of their audited financial statement; or	<input type="checkbox"/>
	(2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information <input type="text"/>

(3005) Rate of Return Carrier Additional Documentation (Continued)

Data Collection Form

ETC Form 481
OMB Control No. 3045-0040 Control No. 304-04815
July 2013

<01>	Study Area Code	459001
<015>	Study Area Name	SMITH BAGLEY, INC. - CL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035>	Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext. 2506
<039>	Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.com

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	459003
<015>	Study Area Name	SMITH HADLEY, INC. - CL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Anica Garrison
<035>	Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext. 2506
<039>	Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	459001
<015> Study Area Name	SMITH BAGLEY, INC. - CL
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035> Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext.2506
<039> Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: SMITH BAGLEY, INC. - CL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2016
Printed name of Authorized Officer: Justin hinkle	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 9282053508 ext.	
Study Area Code of Reporting Carrier: 459001	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	459001
<015> Study Area Name	SMITH BAGLEY, INC. - CL
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035> Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext.2506
<039> Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date: 06/29/2016
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

LINE 200 - SERVICE OUTAGE REPORTING (VOICE)

REDACTED FOR PUBLIC INSPECTION

[This attachment is withheld in its entirety pursuant to the company's request for confidential treatment.]

**Line 510 – Compliance with Service Quality Standards and
Consumer Protection**

Smith Bagley, Inc. (“SBI”) hereby certifies that it has reviewed its service quality and consumer protection practices, which it follows in connection with its provision of voice and broadband services, and that these practices ensure that SBI:

- (1) Discloses rates and terms of its voice and broadband services to customers.
- (2) Makes available maps showing where voice and broadband services are generally available.
- (3) Provides contract terms to customers and confirms changes in voice or broadband service.
- (4) Allows a trial period for new voice or broadband service.
- (5) Provides specific disclosures in advertising.
- (6) Separately identifies carrier charges from taxes on billing statements.
- (7) Provides customers the right to terminate voice or broadband service for changes to contract terms.
- (8) Provides ready access to customer service.
- (9) Promptly responds to consumer inquiries and complaints received from government agencies.
- (10) Abides by policies for protection of consumer privacy.
- (11) Provides consumers with free notifications for voice, data and messaging usage, and international roaming.

- (12) Abides by standards regarding the ability of customers, former customers, and individual owners of eligible devices to unlock phones and tablets that are locked by or at the direction of SBI.

These service quality and consumer protection practice categories are the same as those included in the CTIA–The Wireless Association® (“CTIA”) Consumer Code for Wireless Service (“CTIA Code” or “Code”) as currently in effect.

LINE 610 –FUNCTIONALITY IN EMERGENCY SITUATIONS

REDACTED FOR PUBLIC INSPECTION

[This attachment is withheld in its entirety pursuant to the company's request for confidential treatment.]

459001

SMITH BAGLEY, INC. - CL

2017

Anita Garrison

9285370690 ext.2506

agarrison@cellularoneaz.com

1/1/2016

<703>

[illegible]

<010>	Study Area Code	459001
<015>	Study Area Name	SMITH BAGLEY, INC. - CL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Anita Garrison
<035>	Contact Telephone Number - Number of person identified in data line <030>	9285370690 ext.2506
<039>	Contact Email Address - Email Address of person identified in data line <030>	agarrison@cellularoneaz.com
<810>	Reporting Carrier	Smith Bagley, Inc
<811>	Holding Company	Smith Bagley, Inc.
<812>	Operating Company	Smith Bagley, Inc

[illegible]

REDACTED - FOR PUBLIC INSPECTION

LINE 920 - TRIBAL ENGAGEMENT NARRATIVE

REDACTED FOR PUBLIC INSPECTION

[This attachment is withheld in its entirety pursuant to the company's request for confidential treatment.]

Smith Bagley, Inc.
Line 1200 – Terms and Conditions for Lifeline Customers

VisionOne (available on Tribal lands) –Introduced 5/4/2015

Monthly Charge: \$0.50

Number of included minutes: 600 Local Minutes with 50MB Data

Per-Minute rates:

Long Distance:	.25/minute
Roaming:	.35/minute (includes toll)
Additional local minutes:	.20/minute

Free4Life (available on Tribal lands) – Introduced 12/1/2015

Monthly Charge: \$0.50

Number of included minutes: Unlimited Nationwide Talk, Text, Picture Messaging and 500 MB Data

FreedomFone (available on non-Tribal lands) – Introduced 5/4/2015

Monthly Charge: \$0.50

Number of included minutes: 300 Any Network Minutes and 1000 Text Messages

Per-Minute rates:

Long Distance:	.25/minute
Roaming:	.35/minute (includes toll)
Additional local minutes:	.20/minute